

TCMU OF REALTORS®  
Enter Board or Association Name

## AFFILIATE APPLICATION FOR MEMBERSHIP

Type of Membership Desired (Check one)

- Affiliate Member** – The affiliate member is the owner or principal of the firm
- \*\*Additional Affiliate** – Once a designated affiliate membership is established, any individual in the same office location may select this membership type

**\*\*Requires signature of the designated affiliate member:** \_\_\_\_\_

COMPANY INFORMATION:			
Office Name:			
Office Address:			
Office Phone:		Office Email:	
Type of Business:			

CONTACT INFORMATION:			
First Name:		Middle Name	
Last Name:		Suffix <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.	
Primary E-mail:			
Nickname:			
Title:			
Phone:		Mobile:	
May the Association, as well as the State Association, communicate with you via text message?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Are you a member of an Institute, Society or Council affiliated with the NATIONAL ASSOCIATION OF REALTORS®?  Yes  No

If yes, please indicate the name of the affiliation: \_\_\_\_\_

Please list any professional designations that you currently hold: \_\_\_\_\_

Upon acceptance of my affiliate membership, I hereby agree as follows: (1) to pay the prescribed dues for such membership category in accordance with bylaws of the board in the amount of \$\_\_\_\_\_; (2) to comply with and abide by the bylaws as may be amended from time to time by the board, which I hereby acknowledge that I have read and understand; and (3) to comply with and abide by any other rules and regulations adopted by the board of directors as they affect my membership category.

The Applicant hereby agrees to be responsible for the payment of dues and other monetary obligations to the board for membership and any other members of the firm who join as "additional affiliates"; and the provisions of this paragraph are valid, binding and enforceable obligation of the Applicant.

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if approved by the board of directors

Signature:		Today's date:	
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**Complete and return application to:**

Email – bianca@c21lm.com

**Credit Card Payments:**

For proper processing of credit card payment, leave a contact number for Staff to reach you.

Name: \_\_\_\_\_

Applicant Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**If paying by check, send to:**

Bianca Oviedo

1316 S. Jefferson Ave

Mount Pleasant, TX 75455